

June 26, 2014

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

# Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554 ACCEPTED/FILED
JUN 2 6 2014

Federal Communications Communication
Office of the Secretary

Re:

WC Docket No. 10-90, WC Docket No. 11-42 2014 ETC Annual Report of Lakeside Tel. Co. Study Area Code 280457

Dear Ms. Dortch:

On behalf of Lakeside Tel. Co. ("Lakeside"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.\(^1\) Lakeside seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.\(^2\) The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.\(^3\)

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 043 List ABCDE

3 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

Echelon Building II, Suite 200 9430 Research Blvd., Austin, TX 78759 phone: 512-338-0473, fax: 512-346-0822 Eagandale Corporate Center, Suite 310 1380 Corporate Center Curve, Eagan, MN 55121 phone: 651-452-2660, fax: 651-452-1909 6849 Peachtree Dunwoody Road Bldg. B-3, Suite 200, Atlanta, GA 30328 phone: 770-569-2105, fax: 770-410-1608 547 South Oakview Lane Bountiful, UT 84010 phone: 801-294-4576, fax: 801-294-5124

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).



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Federal Communications Commission Office of the Secretary

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re:

WC Docket No. 10-90, WC Docket No. 11-42 2014 ETC Annual Report of Lakeside Tel. Co. Study Area Code 280457 Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Lakeside Tel. Co. (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules, withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).

- The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").<sup>3</sup>
- Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan ("Five-Year Plan") which is contained in the attachment to the 2014 Report.<sup>4</sup>
- 3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

<sup>1 47</sup> C.F.R. §§ 0.457, 0.459.

<sup>&</sup>lt;sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3 47</sup> C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>4</sup> See In the Matter of Connect America Fund, WC Docket No. 10-90, Order DA 14-591 (rel. May 1, 2014).

been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

- 7. Any previous versions of this information are not publicly available.
- Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

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<010>	Study Area Code	280457		
<015>	Study Area Name	LAKESIDE TEL. CO.	2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014	ACCEPTED/FILED
<020>	Program Year	2015		
<030>	Contact Name: Person USAC should contact with questions about this data	Robert O. Sledge, Jr	r,	JUN 2 6 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6625693311 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email Address: Email of the person identified in data line <030>	rsledge@deltaland.ne	et	
ANNU	L REPORTING FOR ALL CARRIERS			4.313 (5 f. 62) Completion (5 f. 84 ff fr.) Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
<200>	Outage Reporting (voice)		(complete attached worksheet)	/
<210> <300>	Unfulfilled Service Requests (voice) 0	outages to report		1 6 1 1 1 1 1
<310>	Detail on Attempts (voice)			17777
			(attach	descriptive document)
<320>	Unfulfilled Service Requests (broadband)			- Ellis
<330>	Detail on Attempts (broadband)		(attaci	h descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			<u> </u>
<410>	Fixed 0.0			
<420> <430>	Mobile 0.0  Number of Complaints per 1,000 customers (broad	hand\		
<440>	Fixed 0.0	oand/		A SE
<450> <500>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)	1 1
<510>	280457ms510.pdf		(attached descriptive document	<i>I</i>
<600>	Functionality in Emergency Situations 280457ms610.pdf	1	(check to indicate certification)	<b>/ /</b>
<610>			(attached descriptive document)	
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	lify	(complete attached worksheet) yes, complete attached worksheet)	118811
	Voice Services Rate Comparability		(check to indicate certification)	
<1010	•		(ottach descriptive document)	
<1100	> Terrestrial Backhaul (Y/N)?	(if	not, check to indicate certification)	
<1110>	Terms and Condition for Lifeline Customers		(complete attached worksheet)	
-1200/	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	(complete attached worksheet)	
	Including Rate-of-Return Carriers affiliated with Pr	and the state of t		
<2000> <2005>	5 A28 SEC	186 K.	(check to indicate certification) (complete attached worksheet)	
	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works		
<3000> <3005>		1163	(check to indicate certification) (complete attached worksheet)	1 11/1/11

	ervice Quality Improvement Reporting Illection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net
<110>	Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no ) O O
<111>	year plan" filed with the FCC?	(yes / no ) O O
<112>	54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your co CETC which only receives frozen support, your progress report is only required to address voice telephony service.	mpany is a
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
116>	How (USF)was used to improve service goverage	
<117>	How (USF) was used to improve service capacity	
	Provide an explanation of network improvement targets not met	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventation Procedure
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entragentini 2000	e Offerings including Voice Rate Data ection Form	PCC Form 481  OMB Control No. 3080-0986/OMB Control No. 3080-0819
		July 2013
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net

<701> Residential Local Service Charge Effective Date 1/1/2014 <702> Single State-wide Residential Local Service Charge 14.0

<703>

<a1></a1>	<a2></a2>	<a3></a3>	4612 ·		₹63>	4b4b	        	ar Property
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
							-	
				500.0	tached worksheet			-
				See a	Nached Worksheet			
		-						<del> </del>
			-					

\$600 X 30 X X X X X	edband Price Offerings lection Form	PCC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6623693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net

ais	<b>SID</b>	<b>(b1)</b>	625	1 0	<dl>&lt;</dl>	×d2>	<d3></d3>	ed4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			<ul> <li>See attac</li> <li>worksheet -</li> </ul>	hed				

Constitution of 12	erating Companies lection Form	FCC Fprm 481  OMB Control No. 3060 0986/OMB Control No. 8060 0819  July 2013
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net
<810>	Reporting Carrier Lakeside Telephone Company	
<811>	Holding Company	
<812>	Operating Company	

The St.	AL NO STATE OF THE		
	Affiliates	SAC	Doing Business As Company or Brand Designation
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4			

COLUMN TO A CONTRACTOR	pal Lands Reporting	FCC Form 481 OMB Control No. 3060-0819
Data Coll	ection Form.	Johr 2013
		THE SECOND OF THE SECOND STATE OF THE SECOND SE
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line	
<039>	Contact Email Address - Email Address of person identified in data line	ne <030> rsledge@deltaland.net
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your o	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes	
	m the status described on the attached document(s), on line 920,	
	trates coordination with the Tribal government pursuant to	Select
	(a)(9) includes:	(Yes,No,
3 34.313	(a)(a) medaces.	NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

	o Terrestrial Backhaul Reporting ection Form	FCC Form 485.  OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	280457
<015>	Study Area Name	LARESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers	<b>,</b>	FCC Form 481 EDMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		280457
<015>	Study Area Name		LAKESIDE TEL. CO.
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data	line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data	a line <030>	rsledge@deltaland.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		280457ms1210.pdf
		,	Name of Attached Document
<1220>	Link to Public Website	нттр —	
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mare perort:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1	
<1222>	Details on the number of minutes provided as part of the plan,	1	
<1223>	Additional charges for toll calls, and rates for each such plan.	7	

(2000) P	rice Cap Carrier Additional Documentation		FCC Form 481	<b>%</b> 3
1904.7.5	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-08	10
日から、千円相関を出	也是它是自己的,不是自己的,只是自己的人,也是是一种的人,也是是一种的人,也是是一种的人,也是是一种的人,也是一种的人,也是一种的人,也是一种的人,也是一种的人	Associated by the second of th	#ulfy 2013	
meluaing	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	AND THE STATE OF T		and the
<010>	Study Area Code	280457		
<015>	Study Area Name	LAKESIDE TEL. CO.		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net		
CHECK				
CHECK	ne boxes below to note compliance as a recipient of incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(	마하다는 그림을 가지 않는 그를 가는 그는 일을 가지 않는데 가게 되었다.	ligh Cost support to offset access charge reductions, and Connect America Phase II	
	support as set to think 47 Crk & 34.313(b),(c),(d),(	ey the information reported on this form and in	the documents attached below is accurate.	
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	아이지 보다 하다 있다면 하는 것이 하는 것이 하는 것이 없는 것이 없다면 하다면 없다면 하다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없			
-2020	certification support osco to balla produbblio		<b>—</b>	
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.311 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	shall provide the number, names, and		
		į.		
-2024-	Interior Processor Community Assets to the A	1		
<2021>	Interim Progress Community Anchor Institutions			
		Name of	Attached Document Listing Required Information	

Content   Cont	0 H	Control of the second of the s	REDACTED FOR PUBLIC INSPECTION.
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Control Study Area Code	Data Coli	ection Form	The State of the Control of the Cont
Stock Not Name Name  Ontiest Name - Prenot SSC industry rear  Ontiest Name - Prenot SSC industry Number of person Settletted in data law (30) b.  Contest Creat Address - Creat Address of person settletted in data law (30) b.  Ontiest Creat Address - Creat Address of person settletted in data law (30) b.  Ontiest Creat Address - Creat Address of person settletted in data law (30) b.  Ontiest Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Contest Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person settletted in data law (30) b.  OTRES - Creat Address - Creat Address of person law (30) b.  Name of Attached Document Listing Required Information  Flease check this box to confirm that the attached document(s) on line 3012 contains the required Information pursuant to b.  Onemunity Acchor lestitutions (47 CTR § 54.313(f()2))  Onemunity Address - Listing Required Information pursuant to b.  One of the Creat Address of person set of community and person for Technomical Properties of the Creat Address of Community and Properties (17 CTR § 54.313(f()2))  Onematic (17 the Regions and Statement of CTR § 54.313(f()2))  Onematic (17 the Regions and Statement of CTR § 54.313(f()2))  Onematic (17 the Regions and Statement of CTR § 54.313(f()2))  Onematic (17 the Regions and Statement of Statement and Statement of Cash Flows  If the response is up on line 3014, it your company 8 flux sential report for Telecommunications  If the response is up on line 3014, it is a finite interest of the Statement of Statement and Statement of Cash Flows	M- / R		July 2013
Subsy Area Name  Ontiest Yame - Person SSSC should consist regarding this data  Ontiest Yame - Person SSSC should consist regarding this data  Robert C D Sleddes - JF.  Other Consist Tame - Person SSSC should consist regarding this data  Robert C D Sleddes - JF.  Other C Consist Tame Address: rome rome address: rome rome address:			
April   Program Year   Program Year   2015   Contact Telephone Number - Program (Section of Section 1)   Contact Telephone Number - Number of parent destitled index the collops   Contact Telephone Number - Number of parent destitled index the collops   Contact Telephone Number - Number of parent destitled index the collops   Contact Telephone Number - Number of parent destitled index the collops   Contact Telephone Number - Number of parent destitled index the collops   Program Report on Steam Report Report on Steam Report Report Report Report on Steam Report			
Annual Context Name - Person USA: Chebrol Context reparding this data   Solice 1			
ORIGINATE Telephone Number - Number of person lesettined indata late c0300			
CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.313(0)2). If unther certify that the Information reported on this form and in the documents attached below is accurate.    Solid   Progress Report on 5 Year Plan   Milestone Certification (47 CFR § 54.313(0)(1)(0))   Name of Attached Document Listing Required information	<035>	Contact Telephone Number - Number of person identified in data line <030>	
CFR § 54.313(f)(2). If the response is yes on line 3014, stach your company's RUS annual report and all reports and	<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net
Name of Attached Document Listing Required Information   Name of Attached Document Listing Required Information	CHECK t		
Milestone Cartification (47 CFR § 54.313(f)(1)(i))  Name of Attached Document Listing Required Information  Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to growthing access to broadband service in the preceding calendary year.    Set (15		and Johnson, April 18 and 18 a	
Milestone Cartification (47 CFR § 54.313(f)(1)(i))  Name of Attached Document Listing Required Information  Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to growling access to broadband service in the preceding calendary year.    Set (15			
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$5.4.313 (f)(1)(i)), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.    (3012)   Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))   Name of Attached Document Listing Required Information   (**ex/No)   (*ex/No)	(3010)	Progress Report on 5 Year Plan	
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to		Milestone Certification (47 CFR § 54.313(f)(1)(i)}	
St.			Name of Attached Document Listing Required Information
Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))   Name of Attached Document Listing Required Information (Yes/No)   (Yes	(2004)		
Source   S			esses of community anchor institutions to which began
Name of Attached Document Listing Required Information (Yes/No) (Y		providing access to produband service in the preceding calendar year,	
Name of Attached Document Listing Required Information (Yes/No) (Y			
Name of Attached Document Listing Required Information (Yes/No) (Y			
Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))   (Yes/No)   (Yes	(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
3013  Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))   (Yes/No)			
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:   (3015)   Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	******		A • 1/4 1
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54,313(f)(2) compliance requires:  [3015] Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  [3016] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  [3017] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  [3018] If the response is yes on line 3014, Is your company audited?  [3019] If the response is yes on line 3014, Is your company audited?  [3019] If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  [3019] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  [3020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  [3021] Management letter issued by the independent certified public accountant that performed the company's financial audit.  [3022] If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  [3023] Underlying information subjected to a review by an independent certified public accountant of their financial statement which has been subject to review by an independent certified public accountant of the publi		마른 및 통기를 보고 있다면 보고 있다면 보고 있다면 보고 있다면 있다. 그런 사람들이 없는 사람들이 되었다면 보고 있다면 하는데 보고 있다면 하는데 보고 있다면 하는데 보고 있다면 보고 있	
Selectronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   Telecommunications Borrowers   Telecommunications Borrowers   Telecommunications Borrowers   Telecommunications Borrowers   Telecommunications Borrowers   Telecommunications   Telecommunications   Telecommunication   Telecommunication   Telecommunication   Telecommunication   Telecommunication   Telecommunication   Telecommunication   Telecommunication   Telecommunications   Telecommunica	(3014)	ir yes, does your company file the KUS annual report	(Helmi) 100
Telecommunications Borrowers)  3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  Name of Attached Document Listing Required Information  (Yes/No)  (Yes/No)  (Yes/No)  (If the response is no on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  Underlying information subjected to a review by an independent certified public accountant  (3023) Underlying information subjected to an officer certification.	Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
3013    Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3015)	Electronic copy of their annual RUS reports (Operating Report for	
Solid   If the response is yes on line 3014, attach your company's RUS annual report and all required documentation   Name of Attached Document Listing Required Information (Yes/No)   If the response is yes on line 3014, is your company audited?   (Yes/No)   If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to \$ 54.313(f)(2), contains		요	
If the response is yes on line 3014, attach your company's RUS annual report and all required documentation    Name of Attached Document Listing Required Information (Yes/No)	(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows
Name of Attached Document Listing Required Information (Yes/No)   Name of Attached Document (Ses No. 18,			280457ms3017.pdf
Name of Attached Document Listing Required Information   (Yes/No)   (Yes/No	(3017)	If the response is yes on line 3014, attach your company's RUS annual	1
If the response is no on line 3014, is your company audited?   (Yes/No)   (Yes/No)   (Yes/No)   (If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		report and all required documentation	1
(3018) If the response is no on line 3014, is your company audited?   (Yes/No)   (Yes/No)   (Yes/No)   (If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			Name of Attached Document Listing Required Information
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	(2024)		<b>—</b>
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l I	(DOES)	Document(s) for balance Sheet, income Statement and Statement of Co	asii Fiums
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(3026) Attach the worksheet listing required information	(3026)	Attach the worksheet listing required information	I
Secretary Control and the American American American American Control of the Cont			
1 1		I	1
Name of Attached Document Listing Required Information			Name of Attached Document Listing Required Information

	iion - Reporting Carrier action Form	CCC Form ASI DMS Control No. Stations6/Cnap Cultical No. 5080-0819 No. 2015
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include	ensuring the accuracy of the annual reporting regularments for u	niversal service support
recipients; and, to the best of my knowledge, the information reported on this		miversor service support
Name of Reporting Carrier: LAKESIDE TEL. CO.		
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/25/2014
Printed name of Authorized Officer: Robert Sledge		15e (19-54-19-54-19-19-19-19-19-19-19-19-19-19-19-19-19-
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: 6625693311 ext.		
Study Area Code of Reporting Carrier: 280457	Filing Due Date for this form: 07/01/2014	

1970 17 (907) 600 (10)	Son-Agent / Carrier ection Form	FCC form 481 OMB Control No. 8060-0986/OMB Control Rel. 9060-0819 966/2013
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the re	porting carrier.
also certify that I am an officer of the reporting carrier; ragent; and, to the best of my knowledge, the reports an	responsibilities include ensuring the accuracy of the annual data reporting requirements provided to ata provided to the authorized agent is accurate.	the authorized
Name of Authorized Agent:	1100	
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipient	s on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support re eporting carrier; and, to the best of my knowledge, the information	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		3.00
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

LAKESIDE TELEPHONE COMPANY (SAC 280457)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

## Lakeside Telephone Company

Study Area Code: 280457

# Response to Line 510 – Service Quality Standards and Consumer Protection Rule Compliance for Voice and Broadband

In establishing this certification in its 2005 ETC Order, <sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis. <sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Lakeside Telephone Company ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Mississippi Public Service Commission which disclose rates, terms, and conditions of service to customers; (2) adherence to state consumer protection requirements governing telephone

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>2</sup> Id. at para. 28.

<sup>&</sup>lt;sup>3</sup> The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

<sup>4</sup> Id. at n. 72.

providers under Title 39 Utilities, Part III Rules and Regulations Governing Public Utility Service, Subpart 1, General Rules, and Subpart 3, Special Rules – Telephone Companies, including requirements for customer service, billing, consumer complaints, rates and charges, and slamming, under Mississippi Code Annotated Title 77, Chapter 3 Statutes; (3) truth-in-billing requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Lakeside Telephone Company is also subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

## Lakeside Telephone Company

Study Area Code: 280457

# Response to Line 610 - Ability to Function in Emergency Situations

Lakeside Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and in accordance with the orders in Mississippi Public Service Commission Docket No. 2005-AD-662. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a) (2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically in accordance with the orders in Mississippi Public Service Commission Docket No. 2005-AD-662, Lakeside Telephone Company has a reasonable amount of backup power to ensure functionality without an external power source and is able to reroute traffic and manage traffic spikes. In addition, Lakeside Telephone Company has comprehensive emergency operations plans in place and will adhere to FCC reporting requirements regarding outages and provide copies of such reports to the Mississippi Commission upon request.

The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

<sup>&</sup>lt;sup>1</sup> Section 54.202(a) (2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

1,500,000,100,000	ce Offerings including Voice Rate Data lection Form	FCC Form 481 DIMB Control No. 3080-0986/DMB Control No. 3060-0819 July 2013
<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net
<701> <702>	Residential Local Service Charge Effective Date  1/1/2014 Single State-wide Residential Local Service Charge 14.0	

<703>

Exchange (ILEC) Lakeside	_	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
		FR	14.0	0.0	0.0	0.0	14.0
				,			
						7-	
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						" "	

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 ONB Control No. 3060-0986/CIMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	280457
<015>	Study Area Name	LAKESIDE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Robert O. Sledge, Jr.
<035>	Contact Telephone Number - Number of person identified in data line <030>	6625693311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rsledge@deltaland.net

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
MS	Lakeside	79.95	0.0	79.95	6.0	1.0	0.0	Other, No Usage Limits. When su has voice.
MS	Lakeside	109.95	0.0	109.95	6.0	1.0	0.0	Other, No Usage Limits. Naked D
		-						
	-							
		-		-				
		-						
			-					

# Lakeside Telephone Company

Study Area Code: 280457

# Rates, Terms and Conditions for Lifeline Service

(Response to Form 481, Line 1210)

Local exchange service rates and charges as specified below are for basic local exchange service. The rates for other ancillary services not specifically shown below are presented in Lakeside Telephone Company's tariff(s) on file with the Mississippi Public Service Commission. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates: 1 2

Exchange Name	R-1 Rate
Lakeside	\$14.00

Above listed fees do not include mandatory taxes, fees and surcharges.

<sup>&</sup>lt;sup>2</sup> Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.